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Interview with Dr. Allen Bazzoli

Caitlin Blake

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Researcher's Name: Caitlin Blake (CB)

Event: Interview with Dr. Allen Bazzoli (AB)

Place: 300 W Vine St.; Mt Vernon, Oh

Coworkers Present: none

CB: This is an interview with Dr. Bazzoli. So you were saying?

AB: This is my 27th year in medicine, and, and I do, my practice has kinda evolved from traditional medicine to holistic medicine. It was always holistic oriented. But as holistic medicine became more acceptable, it became easier for me to pass along those concept to people, because in this information age that you are growing up in, where you can google and get anything you could possibly think of, patients are very well educated. Even in Knox county, which might be a prejudice thing to say, but this is not a white-collar community. You are coming here for four years, but this is really a blue-collar community. But I am really surprised in the last few years how educated patients are, but they all say the same thing, "oh, I can get on a computer. I can google anything I want on this. Boom boom, they come in with a list of questions. And they are thinking questions.

CB: Is that what kinda encouraged you to go into holistic medicine, or was it something more personal?

AB: Umm, there were a lot of factors. I was always holistically oriented and so you know we had always grown up, our family is Italian. We always had gardens, so we grew up on food. So we ate real well. We grew all our own food and we really weren't sick very much, but we ate a lot of garlic, onions, and peppers. That's what Italians eat. I mean, it just is. And so, those three substances have been found, those substances, the active ingredients in both onions, those three, onions, garlic and peppers are very strong immune boosters, very strong anti-cancer agents, very strong in anti-oxidants. In fact, I had a family physician, when I was a third year medical student, who used to, I still remember this I was a third year medical student, and he said...he'd make house calls. He was one of the last guys to make house calls, I mean this is thirty years ago, more than thirty years ago. Um, and he said if he saw onions, garlic, and peppers growing in the garden, in the backyard, he knew he wouldn't be there in the wintertime.

CB: (laugh) Really?!

AB: Ahha, that's what he said.

CB: And did it stand true?

AB: It seems to be. I mean, our family doesn't get sick. I grow my own peppers, onions, and garlic and I can peppers. I put up 40 quarts this year. I give them out as Christmas presents, but it takes time. So, you can't be in a high pressure, big city job and have as much time to be conscious of what you eat, and that's as you know, in this class, that's a big probably.

CB: Yeah, definitely.

AB: You're gonna have a career, your husband's gonna have a career, you're gonna have two kids. You're each gonna be working 30-40 hours a week. There's still laundry, there's still, the cars have to be taken care of, the bills have to be paid. I don't see it working. It's not a knock on you. I just don't see this working real well. And so what gets cut out is, "I'll just pick up something to eat". And I'll pass it on to my kids, I'll pick something up and eat and pass it on. And so the food problem is a societal problem. It's just not like, there's a lot of patients who come into my office who would like to eat healthier. They just don't have the time. In a blue collar community like this, both parents have to work. There just isn't enough money. In a white collar family, they are doing it with luxury items. You know, so they can go on the skiing vacation, so they can have the condo. It's more, my perspective, I'm not judging but I'm just saying, this is my 27th year perspective. Because I practiced in Columbus, and I practiced in Cincinnati, in the wealthier communities. Where are you from?

CB: I'm from Erie, Pennsylvania.

AB: Erie, Pennsylvania. Well, I practiced at Riverside Hospital, which is one of the nicest, largest hospitals in Columbus.

CB: Oh, yeah. I actually had to go there once.

AB: So, I mean...

CB: And what kinda practice did you do at Riverside?

AB: Well, my specialty is physical medicine and rehabilitation. That's what I'm board certified in, that's what I did my training in. And, so basically that's what I did. But I always had a holistic tone to it. I always talked about nutrition. Things I talked about was nutrition and exercise, quit smoking. I hope you aren't a smoker?

CB: No, uhuh. (laughing) My dad's a cardiologist, so..

AB: Oh really?

CB: I would not be allowed to do that.

AB: So, you have heard all this growing up. And I'm, and I hope your dad would agree with me, I think caffeine is a major health hazard. A major health hazard. In your generation, really have problems with caffeine. Everything you drink has caffeine. I don't know if you saw the news last week, but they now have a way to put a caffeine glaze on donuts and it doesn't change the taste of donuts but it'll give you the caffeine kick. The guys trying to get Dunkin' donuts, and I don't know maybe Krispie Kremes, to buy his patented idea.

CB: Oh man!

AB: Yeah, yeah. So, I think caffeine is a major health hazard.

CB: Yeah, I definitely know I tend to get addicted to coffee. A cup of coffee a day.

AB: Well, one I don't have a problem.

CB: I can tell a difference.

AB: I can tell you a lot of my patients are drinking 8-10 cups of coffee a day, and three Mountain Dews.

CB: A day?!

AB: A day. And they can't figure out why they have all these muscle-skeletal complaints. They are hard as a rock. Caffeine cuts off blood supply like nicotine. So you can't blood supply to muscles and your factory working. It's really a big problem. Caffeine has become almost more of a problem than nicotine. People are aware of the effects and the hazards of smoking, but not so much caffeine. So I'm kinda on that bandwagon. But I was fortunate, when I did my residency at Ohio State...

CB: Is that where you were also trained to?

AB: No, I went to medical school in Cincinnati. University of Cincinnati. So, I went to University of Cincinnati for medical school, then up to Ohio State to do my internship and residency. I had a chair of my department, was professor and chairman, was Ernie Johnson. He was just a great guy. He's still 83 and still practicing. He's the emeritus of Ohio State, but he gave a fall lecture for all the alumni. We all came back, 40-50 of us, 83 and he's still sharp as can be. He can still remember patients he saw 30-40 years ago. So, but he was very much anti-smoking, anti-caffeine, pro-exercising, pro-good diet. So, in my medical training. I got a lot of this just because of him. He was very open to it. He invited students, we were residents at the time, to...like I would give a lecture on, on exercise. But he's still 83, still plays tennis, still in tennis tournaments. He says him and his partner win every 80's and above doubles competition. We just don't have much competition. He said, everybody's dying! Finally.

CB: (laughing) Finally I'm winning!

AB: Finally I'm winning, cause everybody's dying! 80 and above, there's a category, 70's and above/80's and above. And he has a partner and he plays three mornings a week at 6 o'clock. And he, he's a great guy. He was like a second father to me. And I have nothing but high respect, but he was very holistic before the word holistic became popular. But this is my, residency was 1980-83. We're talking, 25 years ago, and he was very much, umm...and even then I was into a lot of vitamins and herbs. And his wife had breast cancer, and uhh did not go through traditional treatment.

Went somewhere down to Mexico, I believe, south of the border, and got unconventional treatment and was on vitamins and herbs. So, she will always grab me and talk to me about it. So, he was very open. But his wife was part of why he was open. Which happens to all of us. We have someone in the family, or....

CB: Was her breast cancer cured?

AB: She's still alive.

CB: Yeah, wow.

AB: She had surgery to remove the tumor, but she refused chemotherapy. And I don't think it was in her lymph nodes, so there was a question back then if treatment was going to work anyways. She chose not to do it. She chose a natural route. But she was an educated person, and that was revolutionary 30 years ago, now it's not so revolutionary. Like I said, you can get on the internet and figure out what works, get opinions. The traditional medicine organizations, like the Cancer Clinic in Columbus says yeah, let's do chemo. But there are other approaches, less toxic, less invasive. It's like total radical mastectomies, like a lot of times you can do just a lumpectomy, and be just as far along. But that didn't come along until 8 or 10 years ago. My dad's a general surgeon and said they used to do radical mastectomies all the time. So, we, we've evolved a lot. It's going into a good direction, a very good direction. And it's patient driven. I can tell you that traditional medicine is not driving it, they are not driving it. They are fighting it to some degree. I don't know where your father is in all of this, if he's open minded in trying to integrate both worlds. That's where I kinda am in my approach. I don't throw out traditional medicine. There are a lot of good things in traditional medicine. With holistic medicine, I have more tools in my black bag. That's what I say. Why not have more tools? Of course the argument is, 'well they aren't proven scientifically'. And I go, 'come on', you're talking to somebody who's spent a couple years doing research before medical school. You can make any study say whatever you want it to say. I mean it's like, I think one of the biggest scams is, something your dad will disagree with me, scams in the American public is cholesterol and cholesterol drugs. I am just so against them. I just think it's a scam, but we won't ~~get into that~~ (chuckled). Well you kinda already answered one of my questions, but how long have you been working in Mt. Vernon?

AB: Mt. Vernon; 18 years in Mt. Vernon. I've been here 19, actually 19 years. January of 1988, so this is 07, so that would be 19

CB: Ok.

AB: Came here from Columbus. I practiced at Riverside. I was halftime practicing at Riverside. And then I was halftime, and I still have an appointment and assistant professorship. Which I've retained. I'm now clinical, but then I was regular. And then I was doing sports medicine. Sports medicine slash holistic medicine. Because

athletes were the first to embrace the holistic approach. Yeah. It's true, they are looking for the edge, so they are very much into the mind body, very much into nutrition. All of your world class athletes have a nutritionist on staff, a massage therapist on staff. Your gold medal winners have an entourage of 4 or 5 people. And that's just the way it is. So, they are very holistic. And that's how I was able to do that at Ohio State a long time ago.

CB: I'm sure, because Ohio State's pretty big with athletes too.

AB: Exactly. And they were very receptive. Now that's, that was 25 years ago. Now it's much more acceptable. Ohio State, Ohio State University has their own holistic medicine center now.

CB: Oh really?!

AB: Yeah

CB: I didn't know that.

AB: In fact, I made some overtures about going down one day a week, but then I got my fingers in enough stuff right now. I don't wanna go driving down there every week. I'd go down to teach upon an irregular basis. I'd go down for 2 or 3 hours, usually on Wednesdays. Wednesdays, those are my float days. I had a, for 14 years, I had a radio show in town here. On, on the local am radio. It was call "Holistic and Preventive Medicine with Dr. Bazzoli". So, it was once a month. It was an hour and a half, 2 hours. It was call in. I would present a topic for 1/2 hour, 45 minutes. It was really good. I think it did a lot of good. Not just because of me, but because it just got people thinking about taking care of themselves; diet and exercise, sleep patterns, drinking water. We talked about a lot of things; a lot of mind/body. I teach thichai and chegong, so we did a show on that. We did a show on water, we did a show on...we talked a lot about emotions. About 2 or 3 shows a year was on emotional/spiritual prevented disease. Um...

CB: Did you get a good response from the community?

AB: Very well. Very good. Because people know I'm pretty grounded. I'm not out there. I've got one foot in traditional medicine still. But I have one foot in holistic medicine. There's no question. A friend of mine had a dream about me. He said he saw me standing with one foot north of the equator and one foot south of the equator, and I said "symbolically, that's pretty much why I'm not in medicine". I have one foot in both worlds.

CB: That's funny, wow. Ok, well where is your average patient coming from? Is it just Mt. Vernon, or Knox county?

AB: Um, from Knox County. The majority of patients come from Knox county. Some of the holistic patients come from adjoining towns. I used to get more patients

from Columbus who were my old patients who would drive. But after 19 years, that's pretty much not there anymore. So, I'd see pretty much Knox county, majority Knox county. And I have two populations of patients. One population is my practice, what I'm trained to do, which is physical medicine-rehabilitation. And so, that's the practice of muscle-skeletal problems; neck pain, back pain, carpal tunnel, if you know muscle-skeletal problems. And that involves nerve and muscle testing, so those patients are referred to me by surrounding doctors. And some patients refer themselves, but mostly it's referral from other doctors. And then the other part of my practice is the holistic part, which is self-referral.

CB: Ok, and does that all occur in your office here?

AB: Yes, I do it all here. It's a nice little office. I was in the hospital up until 3 years ago. I had a nice office in the hospital. They um...it was just time to get on my own. I wanted to do more holistic things, and it wasn't the right place. So...I found this, and it was very, very inexpensive and that's why I took it. And I have my plants, and I like it. We only see patients 3 days a week, Monday-Tuesday-Thursday. Because that's what days my secretary works. Wednesdays are my float days. One Wednesday I have a regular show, one Wednesday I would go down to Ohio State. I would just do things I wanted to do. In the summertime, my garden, and um..but um, it's nice to have that flexibility.

CB: Yeah, definitely. That's the way my father feels as well. He actually just retired a couple of years ago, but he went half-time for awhile for those reasons as well.

AB: Well, I just wanted to do it. There are other things I love. I love what I do, but I don't want it to be my life. It's my career. And that's a difference between me and a lot of my close friends. It's their life. It's just my career. I've got other things I'd like to do. So, you'll have to figure that out too. How you want to balance.

CB: Oh yeah, that whole thing.

AB: Well it's not easy.

CB: That whole graduating thing.

AB: You've gotta set some goals in your mind. How do you see yourself in 10 years? Working 60 hours a week and trying to raise two kids?

CB: Well, hopefully the career I want will be a little bit flexible. I want to go into the music industry.

AB: Music industry?

CB: Performing. So yeah.

AB: Really?!

CB: Well, that's the hope. I plan to move to New York in the summer/fall.

AB: My oldest son is there.

CB: Oh really? What does he do?

AB: He's going to grad school at NYU.

CB: Oh, nice. For what?

AB: Umm...psychology. So, he's finding it difficult.

CB: New York or school?

AB: Both, New York is hard and very difficult to live in.

CB: Yeah, we'll see how it goes. I do know though that, you know, if you are a true New Yorker, you can probably live there your whole life. But if you're not, it can be kinda difficult.

AB: I would agree with that, because a couple of my friends' daughters actually moved to New York for a couple of years and they were not thrilled with it at all. But they...one has moved to Chicago and loves it. And said, it's a big city but has a Midwestern flavor.

CB: yeah, I like Chicago. It's a cool city.

AB: New York is pretty cut throat. But you're young. You're young, you need to do it. Get it out of your system.

CB: Exactly! Well, anyways. So, going more into health issues. Do you notice any major health issues in Mt. Vernon specifically?

AB: Obesity. Obesity is rapid.

CB: Do you think it's a national crisis or do you think it's worse in Mt. Vernon?

AB: Definitely in Ohio. Definitely in Ohio. Well, I was just gonna say, both of my brothers are physicians, and one lives in Marion County and the other one lives in Canton, my hometown. And we get together and we jokingly kid each other that each of us lives in the fattest county in Ohio. And my one brother says, "oh no, we are the fattest county in Ohio". And it's just, it's really sad, but that's one thing I've seen a dramatic increase in 19 years that I've lived here. We are fatter now than we were 19 years ago.

CB: Do you see any kinda of change, or do you thing the pendulum is swinging at all, or do you think it's getting worse?

AB: I think it's dividing. It's kinda like the country is dividing into the wealthy and the poor and the middle class is shrinking. The people who want to take care of themselves are taking care of themselves. They are losing weight, understanding what this connection is living a balanced life and health. And there is a population that says, 'I don't really care. I'm gonna eat what I want, do what I want, if I have to pay the price, I'll pay the price.' And I do see that. I would say it's a split...there is a group that is definitely moving holistic. I've seen it in my practice the last couple years. But there's a group that says, nah I'm not gonna exercise...and a lot of it is not that they are resistant to it, or stubborn, or not educated. It's a matter of time. Most blue collar workers in town are working 10 hours a day, some 12. You're not gonna have time. You are not gonna come home and exercise. If your wife is working 8, and you've got 2 or 3 kids, there is not enough time for a healthy, well cooked meal. There just isn't time. The kids are in 3 different sports. And I know, both my kids are in sports, I lived in a car. We were driving to Columbus all the time. We were in high school leagues, leagues in Columbus. We were traveling for soccer, basketball. It's...it's just not easy. You really have to be committed to it. And the commitment is not there with a large group. Not that they aren't educated. I wouldn't say that at all. It's just a matter of, look I've only got so much time. We have to eat, but I don't have enough time to eat as healthy as I'd like to.

CB: Also, generally, food prices, if you don't have that much money, organics are relatively expensive. Grocery store items that are cheap are not very healthy.

AB: well, I noticed in just the last two years, Kroger has a pretty nice selection of organic vegetables.

CB: Yeah, that's what my class was saying.

AB: And they didn't. It really surprised me. I buy some of my organic stuff...I go up and take care of my 88 year old father every other Friday. Spend a day with him, taking him out to lunch, and there is a good health food store up there that has a lot of organic produce. I usually buy it up there and bring it back. No, this is in Canton. I haven't been to the one here. Have you been in there?

CB: I have. I have.

AB: do they have a lot of organic, fresh fruit?

CB: Umm. In regards to the one across from Kroger, not a lot of produce, but more organics, dairy, some packaged stuff. Umm, dressing. But um, I think that she does get some produce, but not a huge amount. But, do you think that the organic industry is becoming more popular? Do you think it's something America will take ahold of?

AB: Depends on the price. The prices can come down, I think people, I think it'll boom more. I think it'll be a price issue too. Everybody's getting their wages cut. Everybody's paying a higher percentage of their health insurance. People are

getting squeezed, it's just the way it is. You know, pretty much you see it all the way around. Even my physician friends in Detroit, they want to downsize their house. Their 3 kids are gone, and they can't sell it. They can't sell it. Nobody has the money to buy it. Nobody wants a 5 bedroom house anymore, they just don't. So, they want to sell it, but they can't get out. I see things like that. People just don't have disposable income. It's getting squeezed. This global market is really squeezing people. Not the investment bankers. They aren't getting squeezed.

CB: No, they seem to be doing okay.

AB: Yeah, so, but they middle class is getting squeezed. So, when you ask me "is organic food going to take off", that's price dependant. But it's becoming more popular, people are becoming more conscience. People are understanding, chemicals are not good for you. You know, we talked about that not long ago. I can't eat strawberries from California anymore.

CB: Is it because you can notice it physically?

AB: No, whatever they put on it, I get sick.

CB: Really, wow. That's interesting.

AB: I just can't eat them anymore. I don't know what they do to preserve them, but you know, they look really pretty in your refrigerator for 3 weeks. A homegrown strawberry lasts about 3 days in your refrigerator and then it's mush. A California strawberry lasts the whole winter. They are definitely putting something on it, and I just can't eat them. But I can my own peaches. And I can...I have a place in Texas where I get great grapefruits and oranges shipped up to me. In the wintertime I can get good stuff and I think Glenhill Orchard is a great source for the community. And they have apples until April. So I make applesauce.

CB: Wow, so you generally try to stay local?

AB: As much as I can, absolutely. The Farmer's Market, you aren't here in the summers but

CB: Yeah, I've been a couple of times.

AB: It's a wonderful, wonderful thing, idea...Yeah, in the summertime I don't go to the grocery store very much.

CB: Yeah, there's really no need to.

AB: Well, if you want organic meat, there's organic pork there.

CB: Yeah, that's the great thing about this area.

AB: Chilacofy has a proper one, I have friends in Chilacofy. Uh, Columbus, Clintonville, which is a neat place. There in Columbus, they have one. Worthington has their own farm market. Uh, Marion has a farm market now. So, they are becoming very, very popular, very popular.

CB: We were talking, even I guess, Walmart is going to start a farmer's market. Who knows what that entails, but, it's becoming...

AB: I don't think it'll go.

CB: Probably not, but um...let's see here...Do you think that, at least from the patients you see, that community members do try to stay local like you do, or do you think that again it really depends on how much time they have?

AB: I think more and more people are trying to stay local. I mean, you know, I do. I think more and more people, a lot of physicians are pushing to. You know, we push that. I've had a lot of guests on my radio programs that push local foods. Yeah, I would say that we are moving that way. I think, locally, if you want to be healthy, you are gonna have to go locally. You are just not gonna be able to get your food shipped in. I just, there are too many chemicals on them. Chemicals are killing us, and that's just the way it is. In my mind, now this is just my opinion, but it's the major reason huge spike in breast and prostate cancer, in women and men respectively. Because the chemicals break down and become Vito estrogens. They turn on estrogen receptors, they bind to estrogen receptors, turn on cells to grow. And there are a lot of estrogen receptors in men's prostates and breast tissue. Except, they don't get big breasts, they get cancer. They grown in an abnormal way, and um...holistically that theory has been floating for years, and I buy that theory. I see the chemical breakdown in these fertilizers and pesticides and they break down into Vito estrogens, very close estrogens, and they bind to estrogen receptors. But you are never gonna get, you're not, and I sound pessimistic, I'm not, but I'm not gonna beat the drug companies at Dupont. I'm not gonna win that war. I'm not gonna fight that war. I tried. Wars like that...you are not gonna win that war. The war I'm gonna win is having a local radio show and talk to patients one on one, saying you need to change this for your family. That's where personally I can have some say, and that's where I spend my time. Except, I can't educate people about eating healthy if I'm not willing to do it. Then I'm just a hypocrite. Like this morning, I ran for an hour over at the KAC. I can't push exercise if I'm not doing it, I can't push mind/body if I'm not doing thiachi and sitting every morning for a half an hour doing those things. You only can teach what you practice. People can read you if you are fake. They can read you right away. Everybody's pretty good intuitively. Some people don't want to admit it, but they can read you. And if you are doing it, it's more powerful. I have said in my radio shows and public talks I've gotten more people to exercise because they see me out on the county roads running, more than all the talks I've done. Well if he can make time, I can get out more.

CB: Yeah, living a lifestyle definitely makes a difference.

AB: To me that's the only thing that's real, if you aren't real what's the point? Don't get up, don't leave your house? I'm very practical. I said I have a foot in two worlds, in the scientific practical world and in the holistic theory world. Cause I don't deny there is place for spiritual healing, but not at the expense of good healing. I want both, so I put both together. I don't say it's not either or, life is not black or white for me, it's ten shades of gray and that's what I teach. You've gotta look at the ten shades of gray, not black and white.

CB: Yeah, exactly, I agree. You said, you noticed a higher rate in obesity, are you also noticing higher rates in heart disease and diabetes?

AB: Oh, diabetes. Uhh...um...I just don't see the heart disease, because those patients aren't coming to me. But diabetes are out of control, as is obesity. They obviously go hand in hand. Thin people don't obviously get diabetes at age 40, but grossly obese people do. And that's a real problem. I think they said about a year ago that this generation is being born now will probably for the first time in American history have a lower life expectancy. The life expectancy for the first time will go down because of the poor habits of these kids, and that's generally. But I think, I really believe we are seeing a split. We are gonna have people who will and have adopted the holistic lifestyle, they are just gonna say it's not worth it. There isn't enough incentive. There's no incentive for you to walk for an hour, three days a week. If you are on Medicaid, on health assistance, I see those, your dad sees those, you don't have to show up. There's no penalty. 50% of my Medicaid patients don't show up, they don't call. They get all their services free. What incentive do they have to go out and walk three times a week? What incentive do they have to do thiachi? What incentive do they have to take care of themselves to get off caffeine, to stop smoking? Every single one of them smokes two, three packs of cigarettes a day. Grant it, they aren't the most educated people, they don't have high paying jobs, I grant you that. But there is no incentive, you have to have some incentive. Right now.

CB: Why do you think that is?

AB: Well, we're not into health. The government's not into health. Medicine is not into prevention. The American Cancer Society spends less than 2% of their budget on prevention. All of their budget goes to chemotherapy.

CB: Probably research too, right?

AB: Chemotherapy. Chemotherapy extends your life with your cancer, but has not really cured very many cancers that haven't been cured 25 years ago. It drives me crazy seeing Lance Armstrong get on these commercials about BristolSquib (sp?), saying what a great job they've done to save his life. His cancer was 95% curable 30 years ago. It was curable 10 years ago when he had cancer. The same chemotherapy 30 years ago cured him, if you are gonna get cancer that's the one I'd take. We are buying people time with chemotherapy, 5/6 years, but they are still dying with their

cancer. So I'm saying that it's wrong, but to me a better approach than 2% of the budget should be in prevention. Let's educate the public about the chemicals that are causing their cancer. But you can't do that because Dupont won't let that happen. It's not gonna happen. Your dad, I don't know if he's a fighter or not against the establishment, but I know he sees this. It's just not gonna happen. Big business run the world. Big businesses is why we are in Iraq.

CB: It's scary.

AB: It is. But I can't fight big business, I'm not gonna win. I'm 54, I only have 30 years if everything goes right. I just can't do it. It's not where I'm gonna put my energy.

CB: It is a big fight for sure.

AB: Well, it's a fight for you but not for me, I'm too old. I thought about it in my 20's and 30's. I thought I could make a difference, and maybe I did. But now I realize that talking about what I believe in and what I live, with radio shows and community talks and teaching medical students at Ohio State and seeing patients one on one, is where I can best utilize my resources, my talents. So, that's where I've gone.

CB: That's great.

AB: Well, what else are you gonna do?

CB: Yeah. Let's see. A lot of these questions you've actually answered. Um...(sneeze) so what do you personally tell patients in regard to food and health. Is that something you address when they come in?

AB: Every single patient. I say, you've got to start eating real food. Real food as often as you can, eat real food. Then I talk to them about fruit, vegetable, whole grain based diet. I don't push vegetarianism. I'm not a vegetarian, so I don't push it. I eat very little meat, but I'm a runner. I do not do well on a vegetarian diet. I just do well, I need some animal protein. I don't eat cows. I eat a little bit of dead pigs, and I eat some fish...

CB: I'm a runner too, and I definitely can tell when I'm lacking protein.

AB: You a long distance runner? And you can live on a vegetarian diet?

CB: Oh, no I'm not a vegetarian, I'm saying I need meat. A lot of times I can tell if I go out to eat, I can tell that my eye goes towards the hamburger.

AB: That's your intuition. Runners are pretty well tuned into the body. That's what I was director of at Ohio State for 12 years. I was director of Ohio State runners and dancers clinic. Runners and dancers and other athletes.

CB: Dancing at Ohio State is pretty intense.

AB: And, their like long distance runners. The problem isn't that they aren't motivated, the problem is to get them to back-off a little bit. And probably the dancers were worse than the long-distance runners. They are so driven.

CB: I heard that OSU is number one in dance.

AB: I haven't been there in awhile so I don't know, but this was 12 years ago. I did it for about 5 years when I lived up here, but the drive got too hard. Well, I had kids and other things. You just can't do everything and you have to decide what you want to do. But I'm just saying, that was an apocoptation that the problem was to get them to settle down. The runners were very into nutrition. But if you are running a lot, you've got to pay attention to what you are putting into your body. So, they were very conscience to carbohydrates. And most of them knew what affected them how. You know, different people need different things. Some people need more fats than others, it just depends. But I talk to everybody about nutrition. Even the people who are just referred for nerve testing, they get a little 30 second speal on nutrition and exercise, and I always slide in are you a smoker? You trying to quit? I never press anybody, that doesn't do any good. Smokers know it's not good for them. There's no point of me beating them up about it. I just...nicotine's very addictive. The cigarette manufacturers know it's very addictive, it's very difficult to give up once you're hooked. The patient's are trying. There's not question, even in this community. And I say that because we are not a white collar community, we are a blue collar community. We are a largely, high school educated and that's about it. It's a factory, farm community. That doesn't mean there's not two collars here. Obviously, you get college graduates, but how many people from Kenyon actually stay around after they graduate. Very few. Many more Nazarene State, because many come from here and live at home while they go to school. It's much cheaper and all that, but not many Kenyon students stay here. It's just not a white collar community...So food, yes. I talk to every single patient in some aspect. The holistic patients much more because they come in here for holistic recommendations. Specific things in food; eat real food. Stay away from fast food, stay away from processed food, stay away from microwave dinners if you can. Eat real food. They all want to know about vitamins and supplements. I'll talk to them about that. Obviously, I'm well versed in those. But I still push people into real food. That's your best source of vitamins and nutrients. But I'm also a big believer in a daily-multi vitamin. Because no matter how well you eat, I'm not sure you can get everything you need through our food sources. We aren't growing food quite the way we should be. We aren't rotating crops; we aren't putting manure on the soil. Yes, if you grow organic, but not many people are eating a strong organic diet. I dabble in it and eat as much fruits and vegetables as I can, but it's not easy. Most people are dabblers in the organic realm. Mostly because of cost and availability, in this community. Now, when you move to New York City, it might be different, I know. My sister lived in the city and she said sometimes it was cheaper to just go buy a dinner at a restaurant than go grocery shopping. It's hard t get that accessibility.

AB: Well, I think that's the mentality I think of a lot of people. I mean, the China Buffet, for 6.95\$ you can eat all you want. I mean god knows what you are eating. The health department shut them down for 2 months.

CB: I know, I saw that in the newspaper.

AB: So, god knows what you are eating, but you can eat all you want for what you are eating for 6.95. You know, we've got 4 or 5 different Chinese buffets. Um, anything else? I also think exercise is a big factor in food consumption too. And I really try to push with everybody to get out. My personal preference, if you want my ideas, is an hour three days a week. If you want recommendations from you know American Heart Association is a half hour a day, seven days a week. You aren't gonna do that. No one can do that. I don't even know why they came out with those recommendations. They are foolish. They might be the best for your health, but they are impractical. They aren't gonna do it. If I can get people out for 3 days a week and increase the amount that they are out, they are gonna do it. And there's good studies for why I do it. You don't start excreting endorphins and serotonin until about 40 minutes of exercise. So if you go walk for a half hour, you aren't releasing endorphins. Which makes you feel good, so you don't binge eat. You need to be out for a half hour, you get your release, and you don't go home and binge. It sounds like one branch isn't talking to another branch. Those are in the literature that I read in the Journal of Sports Medicine. And the exercise study with the endorphin and serotonin release, and then you've got the heart studies. We've gotta put them together.

CB: Ok, and what would you say has been your biggest challenge in awaring patients of healthy habits and food?

AB: My biggest challenge; a hectic lifestyle. Our hectic lifestyle is the biggest deterrent for, in my experience for not having patients adopting a healthy lifestyle. Especially, in this community. And I have good friends in Columbus and Cincinnati, physicians, attorneys and they are pushing it too. They don't have to push it. But they almost feel like they are on a treadmill and they can't get off it. They might lose a customer. It's not gonna matter in 50 years. We are all gonna be 6 feet under, and it's all gonna be...it's hard to get out of that thinking.

CB: Do you think that's that developed into an American style of thinking?

AB: Well it's definitely not European. I mean, I took my two boys this June because one graduated from college and one from high school, and I have relatives in Northern Italy. We spent some time up there, and I knew the relatives. But they had never been there, and they remarked how different it is. How they approach food, and it's a 2 of 3 hour meal.

CB: I was abroad last semester, and I went to Italy as well. And when you go out, it's 4 hours.

AB: But even so, when they eat during the week, they are mindful. And then they go out and walk.

CB: Proudful too.

AB: they are conscience. It's almost like they aren't living conscience lives here. It's like, we just aren't conscience of our decisions, we are like machines. I got off that treadmill, but I was never really into it. That's just the way it is. My poor mother. She had five kids and she used to say, "I raised all five of you the same, why are you so different?" I'd go, "I'm not that different, I'm just following my own path."

CB: That's funny because I have 4 sisters and we are all very different too

AB: I always blamed it on being left handed. Left-handers are strange. We look...actually a lot of famous people were left-handers, innovators; Da Vinci and Einstein, a lot of good people. It's suppose to be more creative, I don't know if I buy it or not.

CB: Well, you're suppose to use one side, the more creative side of your brain.

AB: Yeah, we definitely look at life differently. We are conscience of life, and that's what I try to pass onto patients. You can't pass on what you don't live. So, part of what I pass on is my philosophy, how I look at life. I have a very balanced look at life. But I also see their shortcomings, their impediments, their obstacles. And it's almost like they have to work 10 or 12 hours to make a decent living anymore. They Ford jobs are coming to an end where they are making 20-30\$ an hour. Now they are working for 12\$ an hour. You can't raise kids on that, you can't do it! You know, the global economy to me is nothing more than an excuse for companies to gouge the middle class. I'm not a politician. I'm not running for office.

CB: No, but I agree with you

AB: I'm just telling you what I see, and it's a problem for me that bigger socio-economic problem is an abatement for people to eat real food. They just don't have the time. They have the desire. They have the brains to understand how much better it is. It just doesn't work in their lifestyle. Like you said, your sister says it's cheaper, easier, less hassle to go out then go to grocery store.

CB: Yeah, especially living on my own; when you don't have much money it's really hard to eat that way. You either get creative or go the easy way.

AB: it's difficult for everybody and that's a real problem. But I think generally, people are more conscience of their food choices, I just wish they had more time to act on what they know. They just don't have enough time. But I've seen a big change in my 27 years. They are moving in the right direction, but what scares me is the split in the right direction. Because there is no incentive. My incentive is that I

know the risks if I don't take care of myself. They don't look at it that way. They say they'll worry about it when they get there. So...Anything else

CB: Just a last question, which you kinda answered already; but what do you believe is an important way of thinking when purchasing food and eating in regard to good health?

AB: What are your goals? What are your goals? I mean you've gotta...it comes back to being conscience and mindful of what you're trying to do here. Not eating healthy, then your goals are fruit, vegetable, whole grain based diet, so you shop with that concept in mind, and you add what meat you want on personal taste. But if you go in not even conscience, grocery stores love you because you buy all the junk. My one brother says, he tells his one obgyn patients; pretty much anything wrapped in plastic is not good for you, which is about 90% of what they sell. And if you start reading labels, I kinda...both of my brothers think I'm off-centered a little bit because of my holistic practice, not so much as they did 15-18 years ago. They've kinda seen the world coming to me, but I've gone down the aisles and laugh and my brother because I don't realize how much is wrapped in plastic. They have all the preservatives and trans-fats and high fructose corn syrup.

CB: Oh yeah, it's in everything too.

AB: it's in everything, and that's why you've got to eat real foods. That's the only way you're gonna get rid of it. High fructose corn syrup I think is almost in everything. You're right.

CB: We talked about that in class, and Prof. Sacks brought in a bunch of things in plastic. And regardless of what it was, it always had high fructose corn syrup.

AB: Which in my opinion is a factor in the whole diabetes explosion, and no one will disagree that diabetes is exploding in our country. And it's a real problem, because it used to be a problem at 60-70's but now it's in the 30's, 20's. I'm not seeing adolescents, but I do see 20 and 30 year olds, and it's there. And again it's poor choices, but it's also what the manufacturers is putting into food. You know New York city banned trans-fats. They just can't do it. No, I think, can grocery stores sell everything wrapped in plastic. I didn't get the details.

CB: I heard maybe it's just in restaurants.

AB: Anything else?

CB: That's really the only questions I had. That's great. I got a lot of information from you. Thank you!